Form. **8871** Utry 2000)

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Par	=					
1	Name of organization			<del></del>	Employer identifiç	ation must s
	Robert Stivers Fo	te		01-700	adort number	
2	Mailing address (P.O. Box or number	, street, and room or suite	number)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	207 Main Street City or town, state, and ZIP code	*				
		0.60				
3	Manchester, Ky 40 E-mail address of organization	962				
	N/A					
4.a	Name of custodian of records	4b Cus	todian's address	<del></del>		
	Lisa Sester	2	207 Main Street			
		M.	Manchester, Ky 40962			
5a 1	Name of contact person			y 40302		
	and or contact person	i i	tect person's address			· · · · · · · · · · · · · · · · · · ·
	Lisa Sester		same as above			
6 E	Susiness address of organization (If dir	Terent from mailing addres	5 shown above). Number	ctroot and re	2000 200 400	· · · · · · · · · · · · · · · · · · ·
	TO GOOVE	_	o anomin above), Namber	ander and K	oom at shiff unurbet	
. (	City or town, state, and ZIP code					<del></del>
Part	TI Duran					
	Purpose Describe the purpose of the organization					
	*					
	To run a Political	Campaign		••••••••		
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Part	III Liet of All Delete I E					
_	EIST OF THE RELEGICO CHILL	ies (see instructions)				
	and a related entity	8b Relationship	8c Address			
]	N/A					
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r Pape	erwork Reduction Act Notice, see pa	age 4.	Ç8t. No. 30405V		Form: 887	1 (7-2000)
					10111 007	(1-2000)

Part IV List of All Officers, Directors, and Highly C			Ompensated Employees (see instructions)  9c Address			
Doba	ant Otion					
Robert Stivers		Candidate	207 Main Street			
(No Compensation)		ļ	Manchester, Ky 40962			
Lisa	isa Sester	Treasurer	207 Main Street			
			Manchester, Kentucky 40962			
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	United consulting of cooking, I desired	or the the				
	Revenue Code, and that I have ex It's true, correct, and complete.	are wat the organization named amined this notice, including an	in Part I is to be treated as an organization described in section 527 of the Interd companying schedules and statements, and to the best of my knowledge and belie			
	PI OF	<i>/-</i>				
Sign Here	Signature of authorized off		1/2/02			

**③** 

Form **8871** (7-2000)